2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #739962

BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA SUBORDINATE



FILED Feb 20, 2007 8:00 am Secretary of State

02-20-2007 90038 006 ****61.25

LODGE C	OF OKE					
Principal Place of Business HIGHWAY 70 EAST P.O. BOX 1341 OKEECHOBEE, FL 34972 Mailing Address HIGHWAY 70 EAST P.O. BOX 1341 OKEECHOBEE, FL 34972			972	4004	30041	
Principal Place of Business - No P.O. Box # Mailing.		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182007 Ch	g-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 51-0227932	· · · · · · · · · · · · · · · · · · ·	lied For
Zip	Country	Zip	Country	5. Certificate of Sta	\$8.75 Addi	Applicable ional
	6. Name and Address of Curren	t Registered Agent	1	7. Name and Addr	ess of New Registered Agent	
			Name -		ELMORE	
YOUNG,ANTHONY T. 975 SW 136TH AVE				THOMAS E. ddress (P.O. Box Number is N		
	08EE, FL 34974			Odless (1 :O: DOX Hollidel Is 14	ot Acceptable)	
ONLLONG	, , , , , , , , , , , , , , , , , , ,				Ntier Driv	<u></u>
			City	AKE City	FL Zp Code	55
8. The above	named entity submits this statement	for the purpose of changing i	ts registered office or	registered agent, or both, in t	the State of Florida. I am familiar with, a	nd accept
the obligat	tions of registered agent.					
SIGNATURE .	Thomas E. Signature, typed or printed name of registered aper	Educare (NC	DTE: Registered Agent signati	Trustana ne required when renstating)	2/16/67	
						
	Filing Fee is \$61.25 Due by May 1, 2007	1	ampaign Financing Contribution	\$5.00 May Be Added to Fees	Make check payable to Florida Department of Sta	rte
10.	-	Trust Fund		Added to Fees	, ,	
10. TTLE	Due by May 1, 2007	Trust Fund	Contribution.	Added to Fees	Florida Department of Sta	
TITLE NAME	OFFICERS AND D ER RILEY, LILLIAN	Trust Fund	Contribution.	Added to Fees	Florida Department of Sta	10
TITLE NAME STREET ADDRESS	OFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST.	Trust Fund	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Department of Sta	10
TITLE NAME STREET ADORESS CITY-ST-ZIP	OFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974	Trust Fund	TITLE NAME	Added to Fees ADDITIONS/CHANGE	Florida Department of Sta	10
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	OFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974	Trust Fund	Contribution 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida Department of Sta	10
ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 BEC: TRUSTEE BASIL, ERNEST L	Trust Fund	Contribution 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees ADDITIONS/CHANGE	Florida Department of Sta	Addition
ITILE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	OFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 SEC: TRUSTEE BASIL, ERNEST L 2631 SE 33RD ST.	Trust Fund	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Added to Fees ADDITIONS/CHANGE	Florida Department of Sta	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 SECTIFUS TEE BASIL, ERNEST L 2631 SE 33RD ST. OKEECHOBEE, FL 34974	Trust Fund Delete	Contribution 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGE	Florida Department of Sta	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 ORDER TRUSTEE BASIL, ERNEST L 2631 SE 33RD ST. OKEECHOBEE, FL 34974 TREA	Trust Fund	CONTribution 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees ADDITIONS/CHANGE	Florida Department of Sta	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 SECTIFUS TEE BASIL, ERNEST L 2631 SE 33RD ST. OKEECHOBEE, FL 34974	Trust Fund Delete	Contribution 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGE	Florida Department of Sta	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 SECTIFUS TEE BASIL, ERNEST L 2631 SE 33RD ST. OKEECHOBEE, FL 34974 TREA ELMORE, THOMAS	Trust Fund Delete	CONTRIBUTION 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Added to Fees ADDITIONS/CHANGE TRUSTEE TRUSTEE THOMAS E. 1855 NW FR	Florida Department of Sta	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS STREET ADORESS	CFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 SEC: TRUS TEE BASIL, ERNEST L 2631 SE 33RD ST. OKEECHOBEE, FL 34974 TREA ELMORE, THOMAS 1125 SE 21ST ST.	Trust Fund Delete	CONTRIBUTION 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Added to Fees ADDITIONS/CHANGE TRUSTEE TRUSTEE THOMAS E. 1855 NW FR	Florida Department of Sta	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 SEC: TRUS TEE BASIL, ERNEST L 2631 SE 33RD ST. OKEECHOBEE, FL 34974 TREA ELMORE, THOMAS 1125 SE 21ST ST. OKEECHOBEE, FL 34974 TRUS TEE CASPERSON, GARY	Trust Fund Delete Delete	CONTRIBUTION 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGE	Florida Department of Stars STO OFFICERS AND DIRECTORS IN Change Change Change Change	Addition Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	CFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 SEC. TRUS TEE BASIL, ERNEST L 2631 SE 33RD ST. OKEECHOBEE, FL 34974 TREA ELMORE, THOMAS 1125 SE 21ST ST. OKEECHOBEE, FL 34974 TRUS TEE CASPERSON, GARY 8740 NE 12TH LANE	Trust Fund Delete Delete	CONTribution 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Added to Fees ADDITIONS/CHANGE TRUSTEE TRUSTEE THOMAS E. 1855 NW FR	Florida Department of Stars STO OFFICERS AND DIRECTORS IN Change Change Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 SEC: TRUS TEE BASIL, ERNEST L 2631 SE 33RD ST. OKEECHOBEE, FL 34974 TREA ELMORE, THOMAS 1125 SE 21ST ST. OKEECHOBEE, FL 34974 TRUS TEE CASPERSON, GARY	Trust Fund Delete Delete	CONTRIBUTION 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees ADDITIONS/CHANGE TRUSTEE TRUSTEE THOMAS E. 1855 NW FR	Florida Department of Stars STO OFFICERS AND DIRECTORS IN Change Change Change Change	Addition Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	CFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 SEC. TRUS TEE BASIL, ERNEST L 2631 SE 33RD ST. OKEECHOBEE, FL 34974 TREA ELMORE, THOMAS 1125 SE 21ST ST. OKEECHOBEE, FL 34974 TRUS TEE CASPERSON, GARY 8740 NE 12TH LANE	Trust Fund Delete Delete	CONTribution 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Added to Fees ADDITIONS/CHANGE TRUSTEE TRUSTEE THOMAS E. 1855 NW FR	Florida Department of Stars STO OFFICERS AND DIRECTORS IN Change Change Change Change	Addition Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	CFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 SEC. TRUS TEE BASIL, ERNEST L 2631 SE 33RD ST. OKEECHOBEE, FL 34974 TREA ELMORE, THOMAS 1125 SE 21ST ST. OKEECHOBEE, FL 34974 TRUS TEE CASPERSON, GARY 8740 NE 12TH LANE	Trust Fund Delete Delete Delete	CONTRIBUTION 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees ADDITIONS/CHANGE TRUSTEE TRUSTEE THOMAS E. 1855 NW FR	Florida Department of Stars STO OFFICERS AND DIRECTORS IN Change Change Change Change Change Change	Addition Addition Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS	CFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 SEC. TRUS TEE BASIL, ERNEST L 2631 SE 33RD ST. OKEECHOBEE, FL 34974 TREA ELMORE, THOMAS 1125 SE 21ST ST. OKEECHOBEE, FL 34974 TRUS TEE CASPERSON, GARY 8740 NE 12TH LANE	Trust Fund Delete Delete Delete	CONTribution 11. 11LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGE TRUSTEE TRUSTEE THOMAS E. 1855 NW FR	Florida Department of Stars STO OFFICERS AND DIRECTORS IN Change Change Change Change Change Change	Addition Addition Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	CFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 SEC. TRUS TEE BASIL, ERNEST L 2631 SE 33RD ST. OKEECHOBEE, FL 34974 TREA ELMORE, THOMAS 1125 SE 21ST ST. OKEECHOBEE, FL 34974 TRUS TEE CASPERSON, GARY 8740 NE 12TH LANE	Trust Fund Delete Delete Delete Delete	CONTribution 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGE TRUSTEE TRUSTEE THOMAS E. 1855 NW FR	Florida Department of Stars STO OFFICERS AND DIRECTORS IN Change Change Change Change Change Change	Addition Addition Addition Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	CFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 SEC. TRUS TEE BASIL, ERNEST L 2631 SE 33RD ST. OKEECHOBEE, FL 34974 TREA ELMORE, THOMAS 1125 SE 21ST ST. OKEECHOBEE, FL 34974 TRUS TEE CASPERSON, GARY 8740 NE 12TH LANE	Trust Fund Delete Delete Delete	CONTRIBUTION 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGE TRUSTEE TRUSTEE THOMAS E. 1855 NW FR	Florida Department of Stars STO OFFICERS AND DIRECTORS IN Change Change Change Change Change Change	Addition Addition Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	CFFICERS AND D ER RILEY, LILLIAN 1125 SE 21ST ST. OKEECHOBEE, FL 34974 SEC. TRUS TEE BASIL, ERNEST L 2631 SE 33RD ST. OKEECHOBEE, FL 34974 TREA ELMORE, THOMAS 1125 SE 21ST ST. OKEECHOBEE, FL 34974 TRUS TEE CASPERSON, GARY 8740 NE 12TH LANE	Trust Fund Delete Delete Delete Delete	CONTribution 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGE TRUSTEE TRUSTEE THOMAS E. 1855 NW FR	Florida Department of Stars STO OFFICERS AND DIRECTORS IN Change Change Change Change Change Change	Addition Addition Addition Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Momar E. Elmare
SIGNATURE AND TYPED OR PRENTED NAME OF SIGNANG OFFICER OR DIRECTOR

863-801-3142

2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #739962

1. Entity Name

BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA SUBORDINATE



ATTACHMENT

LODGE OF OKE Principal Place of Business Mailing Address HIGHWAY 70 EAST HIGHWAY 70 EAST P.O. BOX 1341 P.O. BOX 1341 OKEECHOBEE, FL 34972 OKEECHOBEE, FL 34972 40020821 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 51-0227932 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS E. ELMORE
Street Address (P.O. Box Number is Not Acceptable) YOUNG, ANTHONY T. 975 SW 136TH AVE OKEECHOBEE, FL 34974 1855 NW FRONTIER DRIVE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. mas E. Elmare SIGNATURE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ER Delete TITLE Addition | RILEY, LILLIAN NAME NAME STREET ADDRESS 1125 SE 21ST ST. STREET ADORESS CITY-ST-ZIP OKEECHOBEE, FL 34974 CITY-ST-ZIP OEC: TRUSTEE TRUSTEE TITLE ☐ Delete TITLE Change Change ☐ Addition BASIL, ERNEST L NAME NAME STREET ADDRESS 2631 SE 33RD ST. STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34974 CITY-ST-ZIP TRUSTEE ELMORE THOMAS E. ELMORE 1855 NW FRONTIER DA. TITLE TREA Delete TITLE ■ Addition **ELMORE, THOMAS** NAME NAME STREET ADDRESS 1125 SE 21ST ST. STREET ADDRESS AKE CITY, FL. 32055 CITY-ST-7/P OKEECHOBEE, FL 34974 CITY-ST-ZIP TRUS 72 TITLE TRUSTEE Delete TITLE Addition Change CASPERSON, GARY NAME NAME STREET ADDRESS 8740 NE 12TH LANE STREET ADDRESS OKEECHOBEE, FL 34974 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, i further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

Momas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR